

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

RECEIVED

PLAINTIFF Lilly Anne Hopkins	UNITED STATES MARSHAL 2021 OCT -7 AM 8: 62	COURT CASE NUMBER 4:19-cv-5041 <u>4:19-cv-05041</u>
DEFENDANT Bobby Lumpkin, et al	SOUTHERN DIST. S/TX	TYPE OF PROCESS Order, Summons <u>United States Courts</u> <u>Southern District of Texas</u>

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
Lannette Linthicum,  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
2 Financial Plaza Suite #625, Huntsville, TX 77340

OCT 22 2021

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

United States Courts  
515 Rusk St.  
Houston, TX 77002

Number of process to be served with this process 2  
Number of parties to be served in this case 7  
Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>79</u>	District to Serve No. <u>79</u>	Signature of Authorized USMS Deputy or Clerk <u>[Signature]</u>	Date <u>10/17/2021</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

Date  
10/21/2021Time  
12:54 ☐ am ☒ pm

Address (complete only different than shown above)

Signature of U.S. Marshal or Deputy

[Signature]  
JCASTRO 30128

Service Fee <u>8</u>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <u>8</u>	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS

Cert mail 7019 22 80 0000 0708 2989  
- served via certified mail, delivered on 10/12/2021 @ 2:55 PM. (See attached)

# USPS Tracking®

[FAQs >](#)

**Track Another Package +**

**Tracking Number:** 70192280000207082989

[Remove X](#)

Your item was delivered to the front desk, reception area, or mail room at 2:55 pm on October 12, 2021 in HOUSTON, TX 77002.

 **Delivered, Front Desk/Reception/Mail Room**

October 12, 2021 at 2:55 pm  
HOUSTON, TX 77002

Feedback

**Get Updates** 

**Text & Email Updates**



**Tracking History**



**Product Information**



**See Less** 

## Can't find what you're looking for?

Go to our [FAQs](#) section to find answers to your tracking questions.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature  <div style="display: flex; justify-content: space-between;"> <span><b>X</b> U.S. Marshals</span> <div> <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee </div> </div> </p>	
		<p>B. Received by (Printed Name)  U.S. Marshals C-15 </p>	<p>C. Date of Delivery  10/12/21 </p>
<p>     </p> <p>Lannette Linthicum  2 Financial Plaza Suite # 625  Huntsville, TX 77340</p>		<p>Address different from item 1? <input type="checkbox"/> Yes  or delivery address below: <input type="checkbox"/> No</p>	
<p>     </p> <p>9590 9402 5383 9189 6764 81</p>		<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) </div> <div> <input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery </div> </div>	
<p>Article Number (Transfer from service label)  7019 2280 0002 0708 2989</p>			

PS Form 3811 July 2015 PSN 7500-02-000-0050

Domestic Return Receipt